

RESOLUTION NO. 24-19

**A RESOLUTION APPROVING INSURANCE RENEWALS FROM BLUECROSS  
BLUESHIELD, DEARBORN NATIONAL AND METLIFE FOR THE VILLAGE OF  
CHATHAM EFFECTIVE JULY 1, 2019**

**WHEREAS**, the Village of Chatham (“Village”) is an Illinois Municipal Corporation existing and operating under the Illinois Municipal Code and the laws of the State of Illinois; and

**WHEREAS**, BlueCross BlueShield of Illinois provided a proposed renewal for health insurance and dental insurance; and

**WHEREAS**, Dearborn National provided a proposal for life insurance, accidental death and short-term disability; and

**WHEREAS**, MetLife provided a proposal for vision insurance;

**WHEREAS**, the Village Board of Trustee believe the proposed renewals are both cost effective and in the best interest of the Village to approve.

**NOW THEREFORE, BE IT RESOLVED** by the President and Board of Trustees of the Village of Chatham, Sangamon County, Illinois, as follows:

**Section 1.** Recitals. The foregoing recitals shall be and are hereby incorporated into and made a part of this Resolution as if fully set forth in this Section 1.

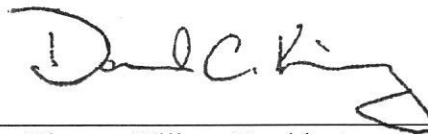
**Section 2.** Approval of Insurance Renewal. The Village Board hereby approves the BlueCross BlueShield of Illinois, Dearborn National, and MetLife proposed insurance renewals, each effective July 1, 2019, as attached hereto as Group Exhibit A, and authorizes the Village Manager and/or Village President to execute any documents necessary to effectuate the renewals.

**Section 3.** Effective Date. This Resolution shall be in full force and effect from and after its passage and approval.

SO RESOLVED this 14 day of May, 2019.


|                 | YES | NO | ABSENT | PRESENT |
|-----------------|-----|----|--------|---------|
| KRISTEN CHIARO  | X   |    |        |         |
| ANDREW DETMERS  | X   |    |        |         |
| BRETT GERGER    | X   |    |        |         |
| RYAN MANN       | X   |    |        |         |
| MATT MAU        | X   |    |        |         |
| PAUL SCHERSCHEL | X   |    |        |         |
|                 |     |    |        |         |
| DAVE KIMSEY     |     |    |        |         |
|                 |     |    |        |         |
| TOTAL           | 6   | 0  |        |         |

**APPROVED** by the President of the Village of Chatham, Illinois this 14 day of May, 2019.



\_\_\_\_\_  
Dave Kimsey, Village President

Attest:

  
\_\_\_\_\_  
Amy Dahlkamp, Village Clerk

**EXHIBIT A  
BCBS RENEWAL**



April 29, 2019

VILLAGE OF CHATHAM  
ATTN: JILL BUTLER  
116 EAST MULBERRY STREET  
CHATHAM IL 62629

**Subject: Renewal Analysis**  
**Group Policy Number: F014289**  
**Anniversary Date: July 1, 2019**

Dear Policyholder:

Dearborn National would like to thank you for allowing us the opportunity to provide you and your employees with Group insurance products.

We have reviewed the current demographics of your group insurance programs. We are pleased to inform you that there will be no change in the existing rates for the upcoming renewal period. Rate will be guaranteed until July 1, 2020.

| <u>Products</u>       | <u>Current Rates</u> | <u>Renewal Rates</u> |
|-----------------------|----------------------|----------------------|
| Life                  | \$0.161 per \$1,000  | \$0.161 per \$1,000  |
| AD&D                  | \$0.028 per \$1,000  | \$0.028 per \$1,000  |
| Short Term Disability | \$0.356 per \$10     | \$0.356 per \$10     |

If you have any questions pertaining to your renewal, or would like more information including the availability of other products as well as a quote for additional benefit programs, please contact your local Dearborn National sales office or insurance broker.

We value our relationship with you and look forward to providing quality service to you in the future.

Sincerely,

Underwriting Department  
In Force Team

CC: T J NICOUUD & COMPANY  
PO BOX 13078  
SPRINGFIELD IL 62791 3078

701 East 22nd Street, Lombard, IL 60148 ▲ Fax: 312.540.4706

Products and services marketed under the Dearborn National® brand and the star logo are underwritten and/or provided by Dearborn National® Life Insurance Company (Downers Grove, IL) in all states (excluding New York), the District of Columbia, the United States Virgin Islands, the British Virgin Islands, Guam and Puerto Rico.







**BlueCross BlueShield  
of Illinois**

04/23/2019

VILLAGE OF CHATHAM  
117 E MULBERRY ST  
CHATHAM, IL 62629

**Group number(s): P70456**  
**Renewal Effective: 07/01/2019**

Dear Group Administrator :

We have evaluated the 07/01/2019 group insurance renewal for VILLAGE OF CHATHAM. Information about your Blue Cross and Blue Shield of Illinois (BCBSIL) current and renewal plans are included.

Please review your Renewal Exhibit carefully, including the changes that have been made to your plan(s).

**Your next steps:**

- Review this renewal, including changes made for the upcoming year.
- Contact your Broker/Producer or Account Representative if you need assistance reviewing these materials or comparing options.
- If you would like to renew with no changes, no paperwork is needed. Your plan will simply renew upon your effective date.
- If you would like to renew with changes, BCBSIL must receive your Benefit Plan Selection form (BPS) at least **30** days before your effective date.
- A BPS form is only required if you are making a change to your medical plan(s).

If your plan(s) is eligible to remain Grandfathered, important information and instructions regarding grandfathered status are enclosed.

Thank you for doing business with us. We appreciate your continued trust. If you have any questions, our team is ready to help.

Sincerely,  
EVELYN J RILEY  
Blue Cross and Blue Shield of Illinois

cc:  
GALLAGHER BENEFIT SERVICES INC  
4481 Ash Grove Suite B,  
Springfield, IL 62711

300 E. Randolph St. • Chicago, Illinois 60601-3713 • 312/653-6000 • [www.bcbsil.com](http://www.bcbsil.com)

*Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association*



**BlueCross BlueShield  
of Illinois**

**Renewal Exhibits for VILLAGE OF CHATHAM**

Group number(s): P70456  
Renewal Effective: 07/01/2019  
Rate Effective: 07/01/2019

| <u>Current Health Plan(s)</u>     | <b>Current Health Monthly Rates</b> |                       |                           |               |                                |                                  |                                   | <u>Estimated Taxes &amp; Fees</u> |
|-----------------------------------|-------------------------------------|-----------------------|---------------------------|---------------|--------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
|                                   | <u>Empl.</u>                        | <u>Empl. + Spouse</u> | <u>Empl. + Child(ren)</u> | <u>Family</u> | <u>Medicare Primary Single</u> | <u>Medicare Primary Single+1</u> | <u>Total Monthly Health Cost*</u> |                                   |
| MPPH3T6G                          | \$600.14                            | \$1,217.74            | \$1,231.79                | \$1,849.38    | \$405.69                       | \$811.37                         | \$59,255.87                       | \$669.59                          |
| Contracts                         | 26                                  | 7                     | 9                         | 13            | 0                              | 0                                | 55                                |                                   |
| <b>Total Monthly Health Cost*</b> |                                     |                       |                           |               |                                |                                  | <b>\$59,255.87</b>                | <b>\$669.59</b>                   |
| <b>Total Health Contracts</b>     |                                     |                       |                           |               |                                |                                  | <b>55</b>                         |                                   |

\* Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

| <u>Renewal Health Plan(s)</u>     | <b>Renewal Health Monthly Rates</b> |                       |                           |               |                                |                                  |                                   | <u>Estimated Taxes &amp; Fees</u> |
|-----------------------------------|-------------------------------------|-----------------------|---------------------------|---------------|--------------------------------|----------------------------------|-----------------------------------|-----------------------------------|
|                                   | <u>Empl.</u>                        | <u>Empl. + Spouse</u> | <u>Empl. + Child(ren)</u> | <u>Family</u> | <u>Medicare Primary Single</u> | <u>Medicare Primary Single+1</u> | <u>Total Monthly Health Cost*</u> |                                   |
| MPPH3T6G                          | \$615.66                            | \$1,276.04            | \$1,284.13                | \$1,944.51    | \$419.05                       | \$838.11                         | \$61,775.24                       | \$717.59                          |
| Contracts                         | 26                                  | 7                     | 9                         | 13            | 0                              | 0                                | 55                                |                                   |
| <b>Total Monthly Health Cost*</b> |                                     |                       |                           |               |                                |                                  | <b>\$61,775.24</b>                | <b>\$717.59</b>                   |
| <b>Total Health Contracts</b>     |                                     |                       |                           |               |                                |                                  | <b>55</b>                         |                                   |

\* Total Monthly Health Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

| <b>Health Renewal Premium Change Components</b>      |              |
|--|--------------|
| a. Account/Benefit Program Adjustment (incl. Trend): | 3.84%        |
| b. Demographic Adjustment:                           | 0.92%        |
| c. Change in Risk:                                   | -0.53%       |
| <b>Total* :</b>                                      | <b>4.25%</b> |

\* The total health renewal premium change percentage is calculated by multiplying each of the components in the above table. This change percentage is based upon total monthly premium. Each tier's rate change may vary from the total change percentage.

**Change Component Definitions**

- a) Account/Benefit Program Adjustment (incl. Trend) includes group and benefit plan specific pricing changes due to factors such as medical cost trends, pool adjustments, plan, industry and geographical pricing, etc.
- b) Demographic Adjustment is the pricing change for age, gender, group size and dependent composition differences.
- c) Change in Risk is the pricing change resulting from BCBSIL's analysis of medical conditions and experience.





**BlueCross BlueShield  
of Illinois**

**Renewal Exhibits for VILLAGE OF CHATHAM**

Group number(s): P70456  
Renewal Effective: 07/01/2019  
Rate Effective: 07/01/2019

| <u>Current Dental Plan(s)</u> | <b>Current Dental Monthly Rates</b> |                       |                           |               | <u>Total Dental Premium</u> |
|-------------------------------|-------------------------------------|-----------------------|---------------------------|---------------|-----------------------------|
|                               | <u>Empl.</u>                        | <u>Empl. + Spouse</u> | <u>Empl. + Child(ren)</u> | <u>Family</u> |                             |
| DLUF24                        | \$29.02                             | \$61.29               | \$69.50                   | \$109.26      | \$3,699.41                  |
| Contracts                     | 22                                  | 7                     | 8                         | 19            | 56                          |
| Total Current Dental Premium  |                                     |                       |                           |               | <b>\$3,699.41</b>           |
| Total Dental Contracts        |                                     |                       |                           |               | <b>56</b>                   |

| <u>Renewal Dental Plan(s)</u> | <b>Renewal Dental Monthly Rates</b> |                       |                           |               | <u>Total Monthly Dental Cost*</u> | <u>Estimated Taxes &amp; Fees</u> |
|-------------------------------|-------------------------------------|-----------------------|---------------------------|---------------|-----------------------------------|-----------------------------------|
|                               | <u>Empl.</u>                        | <u>Empl. + Spouse</u> | <u>Empl. + Child(ren)</u> | <u>Family</u> |                                   |                                   |
| DLUF24                        | \$30.35                             | \$64.28               | \$73.03                   | \$114.86      | \$3,884.24                        | \$79.72                           |
| Contracts                     | 22                                  | 7                     | 8                         | 19            | 56                                |                                   |
| Total Monthly Dental Cost*    |                                     |                       |                           |               | <b>\$3,884.24</b>                 | <b>\$79.72</b>                    |
| Total Dental Contracts        |                                     |                       |                           |               | <b>56</b>                         |                                   |

\* Total Monthly Dental Cost includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.